

## GRANT COUNTY SCHOOLS FIELD TRIP REQUEST FORM

Curricular Type A  B  C  D  (See page 2 for code descriptions)  Extracurricular

TEACHER/SUPERVISOR \_\_\_\_\_ ACTIVITY \_\_\_\_\_

SCHOOL \_\_\_\_\_ DESTINATION \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ DATE OF RETURN: \_\_\_\_\_

# OF STUDENTS TRAVELING \_\_\_\_\_ NAMES OF CHAPERONES (One chaperone **required** for every 10 students) \_\_\_\_\_

Have or will parent permission slips be obtained? \_\_\_\_\_ **Students are not permitted to travel unless parent permission slips have been obtained in advance**

CURRICULAR? - Attach (1) lesson plan or IGO and (2) itineraries.

MODE OF TRANSPORTATION: Bus  Van  Car  Other  \_\_\_\_\_

SUBSTITUTES:

<u>REGULAR TEACHER</u>	<u># OF SUB DAYS</u>	<u>PAID BY</u>
_____	_____	_____
_____	_____	_____

**ANTICIPATED EXPENSES:**

MILEAGE:

Bus _____ Miles @ 50 cents/mile .....	\$	
Van _____ Miles @ 40 cents/mile .....	\$	
Car _____ Miles @ 48.5 cents/mile .....	\$	

BUS OPERATOR:

\_\_\_\_\_ Hours @ \$18.75/hour ..... \$ \_\_\_\_\_

SUBSTITUTE TEACHERS:

\_\_\_\_\_ Days @ \$125/day ..... \$ \_\_\_\_\_

OTHER:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Anticipated Expenses: \$ \_\_\_\_\_

**ROUTING OF TRIP REQUEST**

Curricular: 1st: Principal; 2nd Curriculum Director; & 3rd: Finance Office

Extracurricular: 1st: Principal & 2nd: Finance Office

**All field trip request must be submitted at least two weeks prior to the date of the trip**

(The Finance Office will process all trip requests and send them to either the Superintendent or Board for approval)

**PLEASE COMPLETE REQUEST IN ITS ENTIRETY IN ORDER TO EXPEDITE THE PROCESS**  
**FIELD TRIP REQUEST FORM *cont'd***

PROPOSED METHOD OF FINANCING:

Board of Education .....	\$	OFFICE USE
* Parent/Teacher .....	\$	
* Booster Organization .....	\$	
* Other: _____	\$	
_____	\$	
Total Proposed Method of Financing: (Must Equal Total Anticipated Expense)	\$	

\*BILLING INFORMATION:

NAME	ADDRESS	PHONE #	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPROVAL:

PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_

CURRICULUM DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

SUPERINTENDENT \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL STATUS:

CURRICULAR

- A - School Hours, Board Funds, full or partial
- B - After school hours, board funds - full or partial
- C - School hours, no board funds
- D - After school hours, no board funds
- Denied

EXTRACURRICULAR

- Approved
- Denied

\_\_\_\_\_  
DATE OF BOARD OF ACTION